



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

## Livestock Facility Inspection Checklist

GENERAL INFORMATION									
TYPE OF INSPECTION: <input checked="" type="checkbox"/> CAFO <input type="checkbox"/> COMPLAINT <input type="checkbox"/> RECONNAISSANCE <input type="checkbox"/> ERU FOLLOW UP <input type="checkbox"/> OPERATOR REQUEST <input type="checkbox"/> OTHER									
FACILITY NAME (LLC, Inc., Corp, Partnership, sole proprietorship, etc.) <b>KJMM Pork &amp; Grain - Range Farm</b>					INSPECTION DATE <b>4/2-3/2013</b>		ARRIVAL TIME <b>1:00-12:00P</b>		DEPARTURE TIME <b>5:15-1:45P</b>
ADDRESS <b>11405 Range Lane</b>				LATITUDE (Decimal) <b>N 38.2790</b>		LONGITUDE (Decimal) <b>W 89.7357</b>		GPS Measured <input checked="" type="checkbox"/> Google Earth <input type="checkbox"/>	
CITY <b>Marissa</b>		STATE <b>IL</b>	ZIP CODE <b>62257</b>	INSPECTOR(s) <b>Brian Rodely</b>			ACCOMPANIED BY (if applicable) <b>Bruce Rodely</b>		
COUNTY <b>St Clair</b>	SECTION <b>11</b>	TOWNSHIP <b>3S</b>	RANGE <b>6W</b>	POLITICAL TOWNSHIP <b>Marissa</b>			TEMP. <b>50F</b>	PRECIP. TYPE / AMT LAST 24HR <b>None</b>	
Facility Owner(s): <small>Exemption 6 and Exemption 7(C)</small>	NAME <b>KJMM Pork &amp; Grain</b>				CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHONE <b>Exemption 6 and Exemption 7(C)</b>		MOBILE <b>Exemption 6 and Exemption 7(C)</b>
	ADDRESS <b>Exemption 6 and Exemption 7(C)</b>			CITY <b>Exemption 6 and Exemption 7(C)</b>		STATE <b>Exemption 6 and Exemption 7(C)</b>		ZIP CODE <b>Exemption 6 and Exemption 7(C)</b>	
	NAME <b>Jared Schilling</b>				CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHONE <b>Exemption 6 and Exemption 7(C)</b>		MOBILE <b>Exemption 6 and Exemption 7(C)</b>
	ADDRESS <b>Exemption 6 and Exemption 7(C)</b>			CITY <b>Exemption 6 and Exemption 7(C)</b>		STATE <b>Exemption 6 and Exemption 7(C)</b>		ZIP CODE <b>Exemption 6 and Exemption 7(C)</b>	
Facility Operator(s): <small>Exemption 6 and Exemption 7(C)</small>	NAME <b>Exemption 6 and Exemption 7(C)</b>				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE <b>Exemption 6 and Exemption 7(C)</b>		MOBILE <b>Exemption 6 and Exemption 7(C)</b>
	ADDRESS <b>Exemption 6 and Exemption 7(C)</b>			CITY <b>Exemption 6 and Exemption 7(C)</b>		STATE <b>Exemption 6 and Exemption 7(C)</b>		ZIP CODE <b>Exemption 6 and Exemption 7(C)</b>	
	NAME <b>Exemption 6 and Exemption 7(C)</b>				CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE <b>Exemption 6 and Exemption 7(C)</b>		MOBILE <b>Exemption 6 and Exemption 7(C)</b>
	ADDRESS <b>Exemption 6 and Exemption 7(C)</b>			CITY <b>Exemption 6 and Exemption 7(C)</b>		STATE <b>Exemption 6 and Exemption 7(C)</b>		ZIP CODE <b>Exemption 6 and Exemption 7(C)</b>	
NPDES PERMIT INFORMATION (If no NPDES Permit, skip this section)									
1. What type of NPDES permit has been issued? <input type="checkbox"/> No NPDES Permit <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> General NPDES Permit								NPDES #	
2. What date was the NPDES permit issued?									
3. What date does the NPDES permit expire?									
4. Is a copy of the NPDES permit onsite?								<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Permitted number of animals (no. & specie)?									
6. Does the NPDES Permit contain a compliance schedule?								<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have there been any changes made to the production area since the permit was issued?								<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", provide a detailed description of those changes.									

<b>LAND APPLICATION/NUTRIENT MANAGEMENT</b>		
1. How many TOTAL acres are available for land application? <u>1130</u> acres		
2. How many acres are READILY available for land application at the time of inspection? <u>1130</u> acres		
3. Estimated annual quantities of liquid waste <u>4098952</u> gallons		
4. Estimated annual quantities of solid waste <u>18</u> tons		
5. Does the facility have a contractor perform land application? If "YES", Name of Contractor: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6. What type of land application equipment is available to the facility? <input checked="" type="checkbox"/> Umbilical Injection <input checked="" type="checkbox"/> Honeywagon Injection <input type="checkbox"/> Honeywagon Surface <input type="checkbox"/> Irrigation <input type="checkbox"/> Rotational Gun <input type="checkbox"/> Manure Spreader <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Other _____		
7. Does the facility calibrate the land application equipment? If "YES", What method is used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
8. Does the facility land apply within the 150 foot setback from any water well? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
9. Does the facility land apply within the 200 foot setback from any surface water? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10. Does the facility land apply near any residences? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
11. Is livestock waste transferred off-site to another party? If "YES", Are records of manure transfers kept? If "YES", Ask to see records	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
12. Does the facility have a current NMP or CNMP? If "YES", Does the facility maintain a copy of the nutrient management plan (NMP) onsite?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
13. Does the NMP reflect the current operational characteristics (number of animals, cropping, etc.)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are the number of acres owned/leased consistent with those in the NMP?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
15. Is manure and wastewater being applied in accordance with setback/buffer requirements of the NMP?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. Are all of the records identified in the NMP being maintained and kept current?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are records being maintained at the required frequency?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
18. Are records being maintained onsite for the period required by NMP and/or NPDES permit?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
19. Confirm the NMP adequately addresses the following: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Chemicals, Contaminants, &amp; Mortalities Properly Disposed - not Directly Disposed in Waste Handling System </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Storage &amp; Maintenance of Waste Handling System </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Animals not in Direct Contact with Waters of US </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Clean Water Diverted from Waste Handling System </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Site Specific Buffers &amp; Conservation Practices </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Protocols for Soil &amp; Manure Testing </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Land Application Protocols for Nutrient Utilization </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Records Maintained to Document Above </div> </div>		

**LIVESTOCK FACILITY DESCRIPTION**

Type of Animals	Number of Animals (currently)	Animal Capacity	Type of Confinement	Number of Structures
<b>SWINE &lt; 55 LBS</b>	<b>5000</b>	<b>9100</b>	<b>TOTAL CONFINEMENT BDG</b>	<b>16</b>

Does the facility have an Illinois Certified Livestock Manager (300 or greater animal units)? ☐ N/A ☒ YES ☐ NO

If greater than 1000 animal units but less than 5000 animal units, does the facility have a waste management plan? ☐ N/A ☒ YES ☐ NO

If greater than 5000 animal units, has the facility submitted a waste management plan to IDOA for review? ☒ N/A ☐ YES ☐ NO

Does the facility have any other locations under common ownership, or where equipment and/or manure is shared, or where the other site shares land application sites? If so, put names and addresses below. ☒ YES ☐ NO

**KJMM Home Farm in New Athens.**

**LIVESTOCK WASTE STORAGE**

- Does the facility have any existing livestock waste containment system? ☒ YES ☐ NO  
If NO, then proceed to question 10.
- General description of the waste containment system (include solid and liquid manure handling, mortality, and feed storage areas).  
**12 underfloor deep pits, 4 half pits (house, cable bay, brown, and white barns). Covered composting operation and sealed uncovered compost to be discontinued. 3 stage lagoon system.**

Type of Storage	Total Storage Capacity (Specify Units)
<input checked="" type="checkbox"/> Anaerobic Lagoon	<b>308968 cubic feet or 2.31 million gallons</b>
<input type="checkbox"/> Covered Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Above Ground Storage Tank ("Slurrystore")	
<input type="checkbox"/> Below Ground Storage Tank	
<input type="checkbox"/> Settling Basin	
<input type="checkbox"/> Roofed Storage Shed	
<input type="checkbox"/> Concrete Pad	
<input type="checkbox"/> Impervious Soil Pad	
<input checked="" type="checkbox"/> Underfloor Pits	<b>441159 cubic feet or 3.30 million gallons</b>
<input type="checkbox"/> Anaerobic Digester	
<input type="checkbox"/> Manure Stacks	
<input type="checkbox"/> Vegetative Filter	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

3. Do the storage structures have depth markers or staff gauges? ☒ YES ☐ NO

4. Are levels of manure in the storage structures recorded and records kept? ☒ YES ☐ NO

5. Do the storage structures have adequate freeboard? ☒ YES ☐ NO

6. Estimated final stage storage structure freeboard 30 in. of total depth 120 in.

7. Do facility personnel perform routine visual inspections of the storage structures? ☒ YES ☐ NO

8. Are the routine visual inspections documented? ☒ YES ☐ NO

9. Does the system have an outfall or discharge point? ☒ YES ☐ NO

If "YES", please provide a description (overflow pipe, spill way, etc. Include a description the area receiving the discharge).  
**Land application to a field over-application resulting in runoff.**

10. Are there any portions of the production area where runoff is not controlled? ☐ YES ☒ NO

If "YES", provide a detailed description of the area(s) of concern:

**MORTALITIES MANAGEMENT**

1. How are mortalities managed? (Composted, buried, burned, rendering service, other)  
**Composted**

2. Are mortalities documented and are records kept? ☒ YES ☐ NO

**FACILITY WATER SOURCES**

1. What type of method is used to provide drinking water for the animals?  
☐ Overflow waters    ☐ Tip Tanks    ☒ Nipple waters    ☐ Water Bowls    ☐ Other \_\_\_\_\_
2. How is the water for animals obtained?  
☒ Community PWS    ☐ On-Site Well    ☐ On-Site Impoundment    ☐ Other \_\_\_\_\_
3. Is a mist cooling system used? ☒ YES    ☐ NO  
How is mist water contained?  
**Pit or lagoon waste handling**

**DAIRY OPERATION (If No Dairy, skip this section)**

1. How many times per day are cows milked? \_\_\_\_\_
2. Describe how the dairy's non-contact cooling water is contained (Example: it is reused for drinking water for the animals).
3. Describe how the milking parlor is cleaned (hose or flush) and where the process wastewater goes and how it is contained.
4. Describe how the tank(s) are washed and where the process wastewater goes and how it is contained.
5. Describe where process wastewater from the plate cooler goes and how it is contained.

**BEDDING (If No Bedding, skip this section)**

1. Describe what type of bedding is used for the animals.
2. Describe how bedding is collected and how often.
3. What is done with the used bedding? ☐ Reused    ☐ Land Applied

**MANURE COLLECTION**

1. How is manure collected?
- ☒ Under Floor Pit
- ☐ Scraped: ☐ Automatic ☐ Manual
- ☐ Flush
- ☐ Solids Separator
- ☐ Other: \_\_\_\_\_
- ☐ None
2. If manure collection system uses either clean or reused water to flush, describe where this water goes and how it is contained.
- None**

**FEED STORAGE CONTAINMENT**

1. Describe how feed (silage, hay, etc) is contained.
- ☒ Bulk Bins
- ☐ Silage Pit
- ☐ Ag Bags
- ☐ Hay: ☐ Barn ☐ Outdoor
- ☐ Other: \_\_\_\_\_
2. Describe how feed (silage, hay, etc) runoff is contained.
- ☒ Not Applicable – Feed totally enclosed
- ☐ Other: \_\_\_\_\_
- ☐ None

**RECEIVING SURFACE WATERS**

1. Provide a description of the flow path from the facility to the nearest named surface water.
- Overland flow and unnamed tributaries 1 mile west to Mud Creek tributary to Kaskaskia River tributary to Mississippi River.**
2. What is the name of the receiving stream?
- Drainage ditch unnamed tributary winding 2 miles to Mud Creek.**
3. Status of the named surface water: ☐ Intermittent ☒ Perennial
4. Are any unnatural bottom deposits observed in the receiving stream: ☒ YES ☐ NO
- If "YES", provide a description of the deposits: **Black lagoon water with manure solids.**

**DISCHARGES**

1. Have there been any documented discharges of livestock waste to surface water <i>in the past year</i> ? If "NO" proceed to question 2.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "YES", specify the date(s). <u>4/17/12</u>		
b. What was the reason for the discharge? <b>Umbilical line leakage, land application without CNMP, uncontrolled lagoon drainage, and uncontrolled compost leachate..</b>		
c. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
d. What was the precipitation amount? <i>(if applicable)</i>		
e. Was IEMA notified of the discharge?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
f. Has the facility taken corrective action to remedy the situation which caused the discharge(s)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", describe actions taken: <b>Cleaned up umbilical line leakage, develop CNMP, remove lagoon overflow pipe, seal compost site and constructed a covered compost operation.</b>		
2. Is the facility currently discharging livestock waste from the production area? If "NO" proceed to next section.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
a. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
b. What was the precipitation amount? <i>(if applicable)</i>		
c. What is the reason for the discharge? <b>Surface overapplication of lagoon supernatant.</b>		
d. Number of water quality samples taken: <u>3</u>		
e. Locations of Water Quality Samples Relative to Discharge Flow: <input checked="" type="checkbox"/> Discharge Point/Flow Path <input checked="" type="checkbox"/> Upstream Waters of US <input type="checkbox"/> Confluence Waters of US <input type="checkbox"/> Downstream Waters of US <input type="checkbox"/> Other _____		
f. What parameter(s) tested? <input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Nitrate <input checked="" type="checkbox"/> Nitrite <input checked="" type="checkbox"/> Phosphorus <input checked="" type="checkbox"/> BOD <sub>5</sub> <input checked="" type="checkbox"/> Total Susp Solids <input type="checkbox"/> Fecal <input type="checkbox"/> Diss O <sub>2</sub> <input type="checkbox"/> Other _____		
g. Describe Flow Path to "Waters of US": <b>Drainage ditch to Mud Creek, Mud Creek to Kaskasia River.</b>		

**BIOSECURITY – Inspection Activities**

1. Were biosecurity measures discussed with the facility prior to inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has there been 24-hours downtime between inspections for all IEPA personnel present?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3. Was the order of inspection conducted from high risk to low risk?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Did all personnel stay outside livestock management and livestock waste handling facilities as defined in 35 IAC 501.285 and 35 IAC 501.300? If "YES" skip to question 7.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**BIOSECURITY – Personal Protection Equipment**

5. Was sanitary footwear donned prior to entering the livestock management/waste handling facility(s)?	<input checked="" type="checkbox"/> N/A Did not Enter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Were disposable coveralls donned prior to entering the livestock management/waste handling facility(s)?	<input checked="" type="checkbox"/> N/A Did not Enter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Was sanitary footwear used during the inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Was disposable sanitary outerwear disposed at the facility?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

**BIOSECURITY – Vehicle**

9. Was the vehicle parking location discussed with the facility prior to inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
10. Was the vehicle washed since the inspection prior to current? If "YES" skip question 11.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
11. Was the vehicle parked >300-feet from the livestock management/waste handling facility? Explain where vehicle was parked:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Was IEPA vehicle used on site?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
13. Was facility vehicle used on site?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

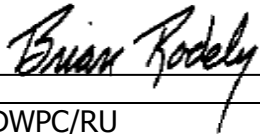
**BIOSECURITY – Inspection Equipment**

14. Was all equipment wiped down with anti-bacterial wipes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
15. Was sample cooler kept inside vehicle during inspection? If "YES" skip question 16.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. Was sample cooler wiped down with antibacterial wipes before placing back into vehicle?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO

**OTHER COMMENTS/NOTES**

**See attached narrative.**

Check all attachments: ☒ Narrative ☒ Photos ☒ Site Plan ☐ Sample Results

**INSPECTOR'S SIGNATURE****REPORT DATE**

04/12/13

Cc: BOW/DWPC/RU

Attachments: \_\_\_\_\_  
Revised February 2013